



Application for Travis County D.A. Pretrial Diversion – Youthful Offender

I. Information

(Section I is to be filled out by the attorney of record, not the Defendant)

1. Defendant's Name: _____
2. Cause Number(s): _____ - _____ - _____ / _____ - _____ - _____
3. Case is currently assigned to the _____ Criminal District Court, Travis County, Texas
4. Type of case: _____
5. Prior Contacts with Law Enforcement and the Criminal Justice System. This includes juvenile records regardless of disposition, adult arrests/citations regardless of disposition, and out-of-state arrests or citations regardless of disposition, at the time of application, not at the time of offense. The application must be supplemented if there are additional contacts with law enforcement or the criminal justice system after the application is filed. This section does not include traffic citations.

DATE OF ARREST/CITATION	PLACE OF ARREST/CITATION	OFFENSE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. As attorney of record for Defendant, I certify that the following documentation is provided for the following offenses:
 - Theft/property related offenses: to the extent possible, any relevant restitution information
 - Weapons related offenses: a Motion to Forfeit Weapon

II. Acknowledgement of Defendant

I, _____, have been advised by my attorney that I may be eligible for participation in a Travis County Pretrial Diversion –Youthful Offender Program (*hereinafter YOP*). I have also been fully advised of the details of *YOP*. Further, I have been fully advised by my attorney of my constitutional rights as a criminal defendant and that the same will be set forth in writing and explained to me before I make any agreement to participate in *YOP*. I will be required to waive said constitutional rights.

If I am admitted into *YOP*, it is my further understanding that I will abide by all terms and conditions of the *YOP* Agreement as explained to me by my attorney, including the payment of a program fee in the amount of \$720. This Fee is non-refundable. If defendant subsequently fails out of the *YOP*, this fee shall not be applied towards court costs or probation fees. Payment should be in the form of a cashier's check or money order, payable to Travis County Community Supervision and Corrections Department.

I hereby apply for status as participant in *YOP* and request that the District Attorney abate proceedings in order to permit consideration of this application. I understand that the final decision to commence criminal proceedings or to divert from prosecution in my case rests with the District Attorney.

I authorize the District Attorney's Office to conduct an investigation to determine my suitability for this program. I understand that the investigation may include interviews of persons deemed necessary by the District Attorney's Office. I authorize the District Attorney's Office to conduct such interviews and review records concerning me in the possession of such persons in a reasonable manner.

I understand that a false answer to any question during this interview may be grounds for recommendation against placement into this *YOP* or removal after placement in a *YOP*, in which case the District Attorney will resume prosecution on the original charges.

I understand that if I am accepted into a *YOP* the information obtained from me can be used against me on the issue of guilt in any future prosecution for this offense. However, if I am not accepted into *YOP* neither this agreement nor any other document filed with the District Attorney as a result of my application to *YOP* will be used against me.

III. The Program

Travis County Pretrial Diversion Program –Youthful Offender is an alternative to prosecution offered by the Travis County District Attorney's Office, which seeks to divert certain offenders from traditional criminal justice processing into a program of supervision and services administered by the Travis County District Attorney's Office, in conjunction with the Travis County Community Supervision and Corrections Department.

Travis County Pretrial Diversion Program – Youthful Offender is an exercise of prosecutorial discretion according to standardized guidelines which attempt to identify offenders most susceptible to rehabilitation and to focus rehabilitation efforts on them very early in the criminal justice process. The exercise of prosecutorial discretion centers on determining which offenders have not adopted a criminal life pattern and would benefit from being diverted out of the criminal justice system.

Diverting these individual offenders is one aspect of the overall effort to make criminal sanctions more appropriately fit the individual and would have the effect of freeing prosecutorial and court resources for more serious offenders, thereby reducing recidivism and danger to the community.

Participation in *YOP* by the defendant is voluntary. Participants of *YOP* will enter into a binding contract with the District Attorney's Office. The contract is finalized upon signatures of the prosecutor, the defendant, and the defendant's attorney. The contract outlines that participants who successfully complete *YOP* will not have prosecution instituted against them for the offense or will have the charge against them dismissed; participants who do not successfully complete *YOP* will be sent back to trial court for prosecution.

IV. Eligibility Criteria

The following non-exclusive list of factors will be considered for a defendant's acceptance into *YOP*:

1. The nature and type of offense, as well as the circumstances surrounding the commission of the offense, including any potential harm to the community by the defendant.
2. The defendant's criminal history and/or prior contacts with law enforcement, including juvenile offenses and all non-traffic offenses. Any prior conviction or deferred adjudication for any offense, other than minor traffic offenses, may impact consideration for *YOP*.
3. Defendant's acceptance of responsibility for the underlying offense as articulated in his/her version of the offense in Section VII of this application.
4. Defendant cannot test positive for any illegal drugs or non-prescribed controlled substances.
5. Defendant's substance abuse issues or other similar conditions that would best be monitored in a formal probation environment or participation in a specialty court supervised by the Travis County District Attorney's Office.

V. Process

1. Applications for *YOP* can be obtained from the Travis County District Attorney's Office at 416 West 11th Street, Austin, Texas 78701 or online at <https://www.traviscountytexas.gov/district-attorney/defense-attorney-information#pretrial> under Felony Diversion Programs – Youthful Offenders Diversion Program.
2. Defendant's attorney of record must electronically submit the completed application and any other supporting documents to **TCDAYouthfulOffender@traviscountytexas.gov**.
3. The application will be reviewed and the defendant's attorney will be notified regarding defendant's acceptance into the *YOP*.
4. Once accepted into *YOP*, Defendant's case will be transferred to the 403rd Criminal District Court and defendant's attorney of record will be provided with an initial *YOP* docket setting.
5. On the initial *YOP* docket setting, all involved parties will convene in person to sign the Specialty Program Agreement.
6. Should a violation of the agreement occur, the defendant and the defense attorney will be notified. The decision to terminate an individual for breach of conditions rests exclusively with the District Attorney's Office.
7. Upon successful completion of *YOP*, the Travis County District Attorney's office will not pursue any further prosecution of this offense.
8. Defendant's underlying case(s) will remain pending during the term of *YOP*.
9. Following successful completion of *YOP* and after Defendant's case is dismissed, Defendant may seek an expunction of the underlying case, unless otherwise prohibited by law. Acceptance into *YOP* and successful completion of the program does not automatically make the defendant eligible for an expunction.

VI. Personal Data Sheet

Personal Information (please print)

Full Name: _____
FIRST MIDDLE LAST

Maiden Name: _____ Nickname: _____

Any other name(s) used: _____

Physical Address: _____
Apt. # City State Zip Code

Mailing Address: _____
Apt. # City State Zip Code

County of Residence: _____ How long at current physical address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of Birth: _____ Current Age: _____ Place of birth: _____

Social Security Number: _____ Gender: _____

Marital status: _____ Number of dependents: _____

Driver's License/ID (circle one) Number: _____ State: _____

Email address(es): _____

List all social media accounts and screennames (e.g. Facebook, Twitter, Instagram, SnapChat, etc.):

Are you currently taking any prescription medications? **YES** **NO**

If yes, please list those medications: _____

Employment Information

Employment Status (*circle one*): Full-Time Part-Time Unemployed Student

Seasonal Retired ☐ Disabled

Employer: _____ Position/Title: _____

Supervisor's Name: _____ How long have you worked there? _____

Address: _____

Street

Suite #

City

State

Zip Code

Work Phone: () _____ If unemployed, how long? _____

Education

Highest Grade Completed: _____ School? _____

Current student? **YES** **NO** If yes, what school? _____

Substance Abuse History

Have you ever participated in a substance abuse treatment program? **YES** **NO**

If yes, when and where? _____

Have you ever participated in any support group (e.g. AA)? **YES** **NO**

If yes, please indicate which support group(s) _____

Defense Attorney's Information

Full Name: _____

FIRST MIDDLE LAST

Phone Number : _____ Email: _____

Physical Address: _____

Apt. #	City	State	Zip Code
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VII. Certification

I certify that the above listed information is true and correct to the best of my knowledge and all proper documentation has been provided in the application.

Attorney of Record (printed name)

Date

E-mail

Attorney of Record (signature)

Phone number

I swear and certify the information contained in this application is true and correct and I did not withhold any information and I understand that failure to complete the application true and correct or to withhold any information shall be grounds for removal from the program.

Defendant (signature)

Date

Defendant's Version of the Offense

(Please print or type; must be willing to take responsibility for actions in the underlying offense)

[illegible]

[illegible]